

July 5, 2002

DATA QUALITY REQUIREMENTS FOR MPI AND PD SOFTWARE

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines data integrity requirements for implementation of the Master Patient Index (MPI) and Patient Demographics (PD) version 1.0 software at VHA medical facilities.

2. BACKGROUND: Accurate and complete patient information is critical to VHA for patient care, management reporting, resource allocation, corporate forecasting, and other business and clinical needs. The quantity of patient information now stored electronically in VHA databases has grown both in size and complexity. It is also widely distributed, residing at each of 163 VHA health care facilities, as well as corporate (Austin Automation Center and other) databases. The accuracy of patient information and patient identification directly affects administrative, clinical, billing, and interdepartmental processes, such as eligibility data sharing between Veterans Benefits Administration (VBA) and VHA.

3. POLICY: It is VHA policy that accurate and complete patient information must be maintained in MPI and PD software.

4. ACTION: The facility Director is responsible for:

a. Ensuring that the entry of patient demographic data into the Veterans Information Systems and Technology Architecture (VistA) applications is accurate and complete.

b. Designating individuals as a Point-of-Contact (POC) responsible for processing Exception Handling, Patient Data Review cases and resolving local Integration Control Number (ICN) issues in VistA on a daily basis. Exceptions may or may not be related to local ICN issues. Some exceptions may already have a national ICN.

c. Ensuring that personnel are assigned and that national MPI Data Quality Management staff are apprised of staffing changes made for each of the following roles (including alternates for each of these categories): Administrative POC, Information Resource Management (IRM) POC and HL7 POC to resolve issues with exceptions, patient data reviews, data quality issues, communication links, infrastructure, and applications that support patient data communications in a timely manner.

d. Local MPI POCs are responsible for:

(1) Working with their counterparts, national MPI Data Quality Management staff and other Office of Information (OI) staff in correcting anomalies and addressing issues related to demographic data for shared patients. The local IRM and HL7 POCs work with their counterparts and National VistA Support (NVS) staff to maintain communications links, infrastructure, and applications supporting patient data communications and resolve data quality issues. In general, responses to inquiries and requests for assistance to resolve data quality issues will be completed within 5 business days.

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(2) Processing Exception Handling and Patient Data Review cases in VistA to ensure the accuracy and completeness of patient data. Designees are responsible for taking appropriate action to resolve exceptions and patient data review cases within 5 business days. Exceptions, which generate local ICNs, are to be reviewed within 2 business days. Specific information regarding these processes can be found in Attachment A.

(3) Obtaining FORUM and Outlook access to facilitate communications.

(4) Obtaining the necessary VistA access to enable them to verify information and to make appropriate changes to patient data in their facility's VistA system, as well as perform POC functions, such as processing Exception Handling and Patient Data Review cases.

5. REFERENCES:

- a. M-1, Part I, Chapter 4.
- b. M-1, Part I, Chapter 16.
- c. VHA Directive 2000-010.

6. FOLLOW-UP RESPONSIBILITY: Director, Information Assurance (IA) (19F) is responsible for the content of this Directive. Questions may be referred to (202) 273-9220.

7. RESCISSIONS: None. This VHA Directive expires March 31, 2005. ***NOTE:** Expiration is due to expiration of reference directive 2000-010.*

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ATTACHMENT A

**GUIDELINES FOR DATA ENTRY RELATED
TO THE MASTER PATIENT INDEX (MPI)**

1. It is imperative that the utmost care is taken when entering demographic data for patients. Incomplete or inaccurate data (including typographical errors) is the leading cause of duplicate entries in the MPI. The following guidelines are intended to increase the accuracy and completeness of the essential data elements and to clarify practices that need to be followed when data is not available or duplicate entries exist, and to emphasize the intended use of some demographic fields within the PATIENT file in the Veterans Health Information Systems and Technology Architecture (VistA). It is important that demographic data for patients is reviewed for accuracy and completeness, and updated, if necessary, each and every time the patient appears for treatment.
2. The use of Pseudo Social Security Numbers (SSNs) needs to be avoided whenever possible, as this limits the MPI's ability to match the patient with existing entries. If it is not possible to obtain the patient's SSN, enter "P" at the SSN prompt during registration to have the system create a pseudo-number for the patient. Do not make up fake Social Security Numbers for patients under any circumstances.
3. The NAME field is an important element in the unique identity of a patient. Sites need to ensure that the name entered for a patient is the complete proper name of the patient, including a full middle name, when available. Avoid using nicknames or ambiguous information.
4. The DATE OF BIRTH, MOTHER'S MAIDEN NAME, PLACE OF BIRTH [CITY] and PLACE OF BIRTH [STATE] demographic data fields are important in the unique identification of patients on the MPI, since these are fields that do not change over time. If these fields are inaccurate or incomplete, it is difficult to ensure that duplicates are not being created and that the patient is being linked to the correct Integration Control Number (ICN) on the MPI. DATE OF BIRTH should be entered as the DAY, MONTH and YEAR of birth. The MOTHER'S MAIDEN NAME should be entered as the LAST NAME only. Indicators such as "deceased" or "unknown" should not be used.
5. The ALIAS field is only to be used to enter previously used names, or names that may be used at other treating facilities, to assist in recognizing potential duplicate patients. Name changes due to marriage, divorce, etc., need to be entered into the ALIAS field as well.
6. The TEMPORARY ADDRESS fields in the PATIENT file need to be utilized when a patient will be away from their PERMANENT ADDRESS for an extended period of time. In the case where a patient spends several months at another location (i.e., seasonal travel to a different residence), the permanent residence address is to remain as the PERMANENT ADDRESS and the seasonal residence address is to be entered into the TEMPORARY ADDRESS fields, with the appropriate active dates. This practice eliminates the necessity of repeatedly updating the permanent address fields at the Coordinating Master of Record (CMOR) site and treating facilities during the patient data review process.

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7. When processing MPI exceptions in VistA, if potential duplicates are identified while matching the patient to the MPI, the patient is not to be matched with any of the entries, but a request for assistance with duplicate resolution should be sent via an e-mail message to the MPI EXCEPTIONS mail group or a request for national support should be entered via the OI national problem management system (currently National Online Information Sharing (NOIS), which will be replaced by Enterprise Support Solution (ESS) in the future). This will help to identify potential duplicates and resolve them with as minimal impact as possible. When submitting requests for assistance via the OI national problem management system, do not include patient identifying information (Name, SSN, etc.). The specialist assigned to the request will obtain this information directly from the Point-of-Contact (POC).

8. It is essential that TEST patients who exist in local VistA production systems be designated with an SSN containing five leading zeros (i.e., 000001111). This signifies that this is an entry for testing only and it is not added to the MPI or assigned an ICN.

9. Local VistA duplicates must be merged and TEST entries inactivated. Additionally, if local erroneous PATIENT file entries exist (i.e., patients that have incomplete demographic data, no clinical data AND have not been seen at the medical center), they must also be inactivated locally and on the MPI. The following is additional guidance for TEST or incomplete entries:

a. Edit the NAME field of the erroneous or TEST entry to begin with “ZZ” (i.e., ZZSMITH,JOHN JAMES). This will prevent the entry from appearing in any lookup lists from the PATIENT file.

b. Edit the SSN field of the erroneous or TEST entry to begin with five zeros (i.e., 000002345). This indicates to the system that this is an erroneous or test patient.

c. To resolve local duplicate patient entries in VistA, use the process outlined in the DUPLICATE RECORD MERGE: Patient Merge User Manual located on the web at: http://vista.med.va.gov/VistA_Lib/Infrastructure/Dupl_Rec_Merge/xt_73_p23_um.pdf to merge the data from the two entries.

10. The Patient Data Review process and Local Exceptions processing need to be performed on a daily basis, to ensure that inconsistencies are addressed in a timely manner. Failure to resolve data quality issues results in the loss of the Remote Data View and Interfacility Consults functions to operate correctly for the clinicians at your facility. Further information on these functions can be found in the following manuals:

a. The Patient Data Review Process Workbook can be found on the following website: http://vaww.vistau.med.va.gov/VistaU/MPI_PD/doc/PtDR1_11_01.doc

b. The Exception Handling instruction document can be found on the following website: [http://vista.med.va.gov/VistA_Lib/clinical/MPI_Patient_Demographics_\(MPI-PD\)/Exception%20Handling.pdf](http://vista.med.va.gov/VistA_Lib/clinical/MPI_Patient_Demographics_(MPI-PD)/Exception%20Handling.pdf)

11. Additional information regarding the MPI Data Quality Management team and their function, along with a current listing of the national team and the VHA facility Points-of-Contact can be found on the following website: <http://vaww.vhaco.va.gov/dataquality/mpidqteam.htm>

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